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7590

03/10/2004

MAHA A. HAMDAN
 MEDLEN & CARROLL, LLP
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 SAN FRANCISCO, CA 94105

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| | |
|---------------------|--------------------|
| Cliff Cannon-Cin | (Depositor's name) |
| <i>Cliff Cannon</i> | (Signature) |
| June 2, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/844,311 | 04/27/2001 | Yung T. Huang | DHI-06207 | 1225 |

TITLE OF INVENTION: CELLS FOR DETECTION OF ENTEROVIRUSES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 06/10/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| POLEY, SHANON A | 1648 | 435-007200 |

| | |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | 1 <u>Medlen & Carroll LLP</u> |
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University Hospitals of Cleveland

Cleveland, Ohio

nonprofit organization

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual corporation or other private entity government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies ten

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 A check in the amount of the fee(s) is enclosed. 995. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1290 (enclose an extra copy of this form).

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Maha A. Hamdan

(Authorized Signature)

(Date)

6/2/04

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06/07/2004 EFL0RES1 00000038 09844311

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| 01 FC:2501 | 665.00 | OP |
| 02 FC:1504 | 300.00 | OP |
| 03 FC:8001 | 30.00 | OP |



PATENT
Attorney Docket No. **DHI-06207**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Yung T. Huang**

Serial No.: **09/844,311**

Filed: **04/27/01**

Entitled: **CELLS FOR DETECTION OF
ENTEROVIRUSES**

Group No.: **1648**

Examiner: **Shanon A. Foley**

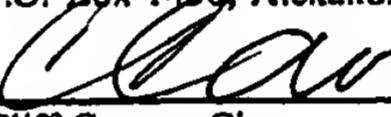
TRANSMITTAL LETTER

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Dated: June 2, 2004

By: 

Cliff Cannon-Cin

Sir or Madam:

Applicant respectfully submits the following items for filing in this matter:

1. Form PTOL-85 Issue Fee Transmittal with advance order, in duplicate.
2. Return receipt postcard.
3. Check in amount of **\$995.00**
4. Please charge any fees or credit overpayment to Deposit Account No. **08-1290**.
An originally executed duplicate of this transmittal is enclosed for this purpose.

Dated: June 2, 2004



Maha A. Hamdan
Registration No. 43,655

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